

2014-9352

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60429197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASCADE BEHAVIORAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12844 MILITARY ROAD SOUTH TUKWILA, WA 98168</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p><b>INITIAL COMMENTS</b></p> <p>This Private Psychiatric Hospital investigation was completed in response to case/complaint # 52451/2014-9352 by Lori Daisley, MBA, RN, FACHE on November 17, 2014.</p> <p>There were two deficiencies found per the State Private Hospital licensing rules, Chapter 246-322 WAC found pertinent to this complaint.</p> <p>Shell # UDRT11</p>	L 000			
L 365	<p><b>322-035.1M POLICIES-PATIENT PROPERTY</b></p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (m) Responsibility for patients' personal property, including recording any valuables left on deposit with the hospital; This Washington Administrative Code is not met as evidenced by: Based on interviews and document review, the hospital failed to follow the facility policy on patient belongings. Failure to maintain an accurate inventory of patient belongings may result in loss or theft of personal property.</p> <p>Findings include:</p> <p>The facility policy on patient belongings state that an accurate inventory of patient's personal belongings will be initiated at the time of admission and maintained throughout the hospital stay. This process was not completed for Patient #1, #2 or #3. This was confirmed by the Director of Quality.</p>	L 365			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CASCADE BEHAVIORAL HOSPITAL**

**12844 MILITARY ROAD SOUTH  
TUKWILA, WA 98168**

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L 420	<p><b>322-040.1 ADMIN-ADOPT POLICIES</b></p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interviews and document review, the failed to follow the facility policy on assessment and reassessment of patients skin condition. Failure to assess a patient's skin condition places the patient at risk of acquiring nosocomial pressure ulcers and other skin conditions.</p> <p>The hospital failed to follow the facility policy on Patient Complaints/Grievances. Failure to address complaints timely and thoroughly may violate a patient's right to express concerns and receive feedback regarding their care.</p> <p>Findings include:</p> <p>Patient #1 was admitted from an adult family home to the acute care psychiatric hospital on 6/11/14. The nursing assessment performed at 1130 a.m. on June 11, 2014 indicated bruising at multiple locations, scratches (self-induced) and redness on the coccyx.</p> <p>The patient was discharged on July 9, 2014 back to the adult family home. The discharge assessment identified bruising at multiple locations and redness on the coccyx. No indication of skin breakdown was documented. According to the discharge planner's documentation and confirmed through interview,</p>	L 420		

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L 420	<p>Continued From page 2</p> <p>the discharge assessment was included in the paperwork faxed to the adult family home prior to the patient's transfer. This same documentation is provided in hard copy format and given to the transport ambulance personnel to deliver to the adult family home.</p> <p>The documentation during the patient's stay was not consistent with the policy and procedures on skin care and wound prevention. The nursing personnel are required to document the patient's skin integrity on a daily basis. This was not done consistently for Patient #1, #2 or #3. When a patient's skin assessment rates as a "high or moderate" risk, certain interventions are required per the facility policy. The interventions were not documented for Patient #1, #2 or #3. This was confirmed by the facilities interim Director of Nursing.</p> <p>The facility was notified that the family expressed concerns about the care of their family member. The 'complaints' were not resolved at the time of discharge. According to the facility's Patient Grievance Policy, the complaint is to be documented by the complaint receiver within 24 hours. This was not completed for Patient #1. The policy states to "mail a written report (by certified mail) if the complainant is not the patient or the patient has been discharged". This was not completed for two of the three complaints reviewed by the investigator. The process is currently under review by the facility but at the times of the investigation, the process was not being followed. This was confirmed by the Director of Quality.</p>	L 420			

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